Certification Application Checklist Provide your home address and Agency Interest Number (if available) Section 1 -Classification requested - refer to pages 7-8 for clarification. Section 2 -Section 3 -Indicate the test being requested. Section 4 -List the drinking water and/or wastewater certificates you hold. (Complete on supplemental sheet, if needed) Section 5 -List **every** facility you operate. (Complete on supplemental sheet, if needed) Section 6 -Attach a copy of your high school diploma/GED or college transcript. Attach certificates of completion for all classes to be considered. Section 7 -List each job title in which you gained drinking water and/or wastewater system experience. Identify all job duties, providing a detailed description of drinking water and/or wastewater job duties. If your duties are varied, provide the percentage of time devoted to drinking water and/or wastewater duties. (Complete on supplemental sheet, if needed) Remember to sign and date your application or it will be returned. Section 8 -If currently employed, have this section signed by your supervisor as a verification of Section 9 your job duties. Sign and date the application (pages 38 and 39). Note the statements on the application regarding submittal of accurate information. Use page 40 – Supplemental Sheet as needed. Submit a separate application for each classification desired. Complete the Registration Form (page 41), including a 1st and 2nd class location choice and whether you need the course manual referenced. Include a check or money order, payable to the "Kentucky State Treasurer" for each application and/or exam date.

Note: Each applicant will receive a confirmation letter and study material prior to the scheduled training/testing date.

Forms at least 30 days prior to the requested training/testing date.

Pre-registration required! Operator Certification must receive application and Registration



Drinking Water or Wastewater Operator Certification Application

Instructions: Print or type a separate application for each certification requested. Complete all items accurately, being consistent with prior submittals, if any. All attachments must be signed and dated by both the supervisor and applicant. Photocopied signatures are unacceptable. Signatures must be the originals. Submit a completed Training Class and Examination Registration Form with fee. Incomplete applications and those without a registration form or fees will be returned. Last Name					For Division of Compliance Assistance Use Only: Approved for exam(Class/Subclass) Amount paid and method\$ Receipt number Middle Name or Initial								
Home Address		City		- S	tate	Zip C	ode		Email A	Address			
Operator's Agency Interes (If none assigned, leave	e blank)		e of Birth (mo	,]	Resider	nce Telep	hone Nu	mber		
2) Check the certification of Drinking Water Treatment Class II-A Class III-A Class IV-A Class III-B Class IV-B	Cla	Orinking Water Distribution ass I-D ass II-D ass III-D ass IV-D		T <u>Treatr</u> Clas Clas		g Water <u>Distribu</u>	<u>tion</u>						
3) Check one of the followi If approved to test for I've taken an exam fo Date and location of la I request the selected State or territory issui	the selected certificer the selected certificate exam:	cation, it will be ication before a hreciprocity ba	e my first time nd want to rete sed on anothe	est.		on, rather	r than	by tak	ing the ex	xam.			
the Cortification (Drinking Water Tre		tification Type Treatment, Drir			Certification Level (Class/Subclass)			Certification Number		Certification Expiration Date			
As a certified operator, have If yes, attach a brief explana 5) Identify all drinking wa	tion and identify th	e regulatory age	ency that imple	emented the	action	uspensio			tinued on			eet 🗌	
System &/or Facilit	y Name	Cou	nty	PWS:	D # or	KPDES		if cont	tinued on	Phon		eet \square	

The Kentucky Environmental and Public Protection Cabinet does not discriminate on the basis of race, color, national origin, sex, age, religion, or disability and provides, on request, reasonable accommodations including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs, and activities. To request materials in an alternative format, contact the Division of Compliance Assistance, Operator Certification Program, 14 Reilly Road, Frankfort, Kentucky 40601 or call (502) 564-0323, toll free at (800) 926-8111.

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	6) Education and training (check those y High School or below: Grade	ou have completed and Completed	d provide requested information): Name and location of school:						
	Graduate Record Exam (GED), voo	cational school or other	r (Explain):						
	College (Undergraduate Level):	College (Undergraduate Level): Name and location of college:							
	Major	Minor Degree earned_							
	If no degree: Semester-hours of	completed	Quarter-hours completed						
	College (Graduate Level): Name ar	nd location of college:							
	Degree earned:		Graduate hours earned (if no degree)						
	Compliance Assistance, Operator Certification Program. If these 7) Applicable employment history (begins or wastewater system, list each separately. Provide detailed descriptions alone are not	n with most current podescriptions of specifications of specifications.	ny this application if not already on file with the Division of saly been submitted and are on file, place a check in the following box: osition first). If you have held several positions with a drinking water fic drinking water and/or wastewater operational duties. Generic job esponsibility, indicate the amount of time spent working in each.						
Α.	System &/or Facility Name:		Your Position Title:						
	Address:								
	Contact Person:								
	Phone: Email:								
Det	ailed description of past experience and current dution	es:	Check box if continued on supplemental sheet □						
B.	System &/or Facility Name:		Your Position Title:						
	Address:								
	1 Iddi Cob.		Datas in the Davition.						
	Contact Person:		Dates in the Position: End						

Detailed description of past ex	xperience and current d	luties:					
						_	
			Chec	ck box if	continued or	n supplemental sheet [
	` `	our original signature):					
I certify that, to the best of my result in certificate revocation				hat subm	ission of fa	lse information can	
Applicant's Signature:					Date:		
		mpleted by your direct superv					
I certify that, to the best of m understand that submission of							
Supervisor's Name (Printed):	Facility or System Na	Facility or System Name:					
Supervisor's Signature:			Title:	Date:			
Phone #:		Email Address:					
		Supplementa or Wastewater Oper	rator Certification A			4° 6° 4°	
	drinking water and Certification	T	ertificatio Certification				
State or Territory Issuing the Certification	(Drinking Drinking W	ication Type Water Treatment, Vater Distribution, er Treatment, etc.)	Level (Class/Subclass)		umber	Expiration Date	
Continu	ued from #5) Ide	entify additional syste	ems in which you ser	ve as a	certifie	d operator:	
System &/or Fac	cility Name	County	PWSID # or KPDES	S #	P	hone #	
Contin	ued from #7) Pro	ovide additional histo	ory of applicable emp	oloyme	ent:		

C.	System &/or Facility Name:	Your Position Title:					
	Address:	Dates in the Position: Start	End_				
	Contact Person:						
	Phone: Email:	Check box if still in the Position	L				
Detailed description of past experience and current duties:							
D.	System &/or Facility Name:	Your Position Title:					
	Address:						
	Contact Person:						
	Phone: Email:	Check box if still in the Position	L				
De	etailed description of past experience and current duties:						
Aŗ	oplicant's Signature:		Date:				
Su	pervisor's Signature:	Title:	Date:				